

Tab 12

CYTODYNE  
PRODUCT COMPLAINT FORM

Salesman: \_\_\_\_\_

Date: 5-2-01

Time: 1:50 pm

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Customer Problem: See email  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolution or Action Taken: Responded w/ attached email  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors Signature: [Signature]

info  
From: webmaster@cytodyns.com  
Sent: Wednesday, May 02, 2001 1:50 PM  
To: info@cytodyns.com  
Subject: Website Response, Contact Us

.....  
name: [REDACTED]  
email: [REDACTED]  
B1: Submit

comments:

I have purchased your product (Xenadrine) and I took one in the morning before breakfast and one after lunch. After work, I got so severely ill from your product that I passed out twice. I do not have any heart conditons or any other medical problems that are stated on the bottle. I am VERY upset with this product and I want to know what your company can do for me to get my money back for the unused product for I no longer have my reciept nor would I EVER give them to anyone I know or care about! Your product had the potential to kill me and I think that you should express the risks more before anyone is injured... I will be consulting my lawyer for this.